

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025674
STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 124

FILED JUL 2 1962

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Marshall</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>755 E. 1st.</u>		d. STREET ADDRESS (If outside give location) <u>755 E. 1st</u>	

3. NAME OF DECEASED (Type or print) First <u>Virgie</u> Middle <u>Charles</u> Last <u>Thomas</u>			4. DATE OF DEATH Month <u>June</u> Day <u>25</u> Year <u>62</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 29 62</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Attended McJannet College</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>College</u>		11. BIRTHPLACE (City and state or country) <u>Saline County Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alfred Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Gettie Cave</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Ella Mae Thomas</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs. Ella Mae Thomas - Marshall Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>G.I. Hemorrhage from indigestion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>aplastic anemia & leucopenia</u> DUE TO (b) <u>1 1/2 yr</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yr</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from May 62 to June 25 and last saw her alive on June 25
Death occurred at Marshall, MO 6-28-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title)	22b. ADDRESS <u>Marshall MO</u>	22c. DATE SIGNED <u>6-27-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>June 28</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Wynview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u>
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24. FUNERAL DIRECTOR <u>Georgette Green Tilton</u>	25. DATE RECD. BY LOCAL REG. <u>6-29-62</u>	26. REGISTRAR'S SIGNATURE <u>Cecil E. Read</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0972

2 0975

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9 292.4

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11

12 90-0

13 3-0

Forrest Green June 28-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Forrest H. Green

Licensed Embalmer No. 4220

P. O. Address Sutton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.